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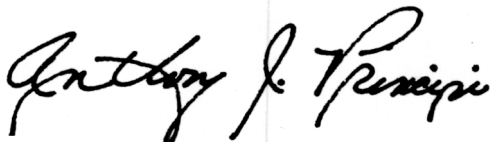
The Honorable J. Dennis Hastert  
Speaker  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Mr. Speaker:

As required by 38 U.S.C. 8111(f), we are pleased to submit the enclosed report for Fiscal Year 2000, regarding the implementation of the health resources sharing portion of the "Department of Veterans Affairs and Department of Defense Health Resources Sharing and Emergency Operations Act."

Also enclosed is an estimate of cost to prepare this report as required by Title 38, Chapter 1, Section 116.

Sincerely yours,



Anthony J. Principi  
Secretary of Veterans Affairs



Donald H. Rumsfeld  
Secretary of Defense

Enclosures

THE DEPARTMENT OF VETERANS AFFAIRS  
AND  
THE DEPARTMENT OF DEFENSE

“The Department of Veterans Affairs (VA) and the Department of Defense (DoD) Health Resources Sharing and Emergency Operations Act” (38 USC 8111(f)) requires the Secretary of Veterans Affairs and the Secretary of Defense to submit a joint report to Congress on the implementation of that portion of the law dealing with sharing of healthcare resources between the two departments. The following information is submitted for the period October 1, 1999, through September 30, 2000.

I. VA/DOD SHARING GUIDELINES

In 1983 the VA and DoD promulgated joint guidelines for the promotion of sharing of healthcare resources between the departments. A copy of the 1983 Memorandum of Understanding (MOU), which established the basic guidelines, is at Appendix A.

II. ASSESSMENT OF SHARING OPPORTUNITIES

A. Persian Gulf Veterans Coordinating Board (PGVCB)

The Persian Gulf Veterans Coordinating Board (PGVCB) was established in January 1994 under the authority of Title 31 of the United States Code, section 1535. The mission of the Board, which is co-chaired by the Secretaries of VA, DoD, and HHS, is to provide direction and coordination within the Executive Branch of the Federal Government on health issues related to the Persian Gulf War. The Board has continued to facilitate the most effective and broadest possible allocation of resources for research. The Board has also implemented a means of disseminating information relating to Gulf War Illnesses in a systematic and timely manner to the three departments. The PGVCB established working groups, which focused on research, clinical issues and disability compensation. The Clinical Working Group (CWG) was instrumental in ensuring the development of standardized clinical assessment protocols used in both VA and DoD Gulf War veteran populations. The Research Working Group (RWG) produced and later revised “A Working Plan for Research on Gulf War Veterans’ Illnesses.” This plan has served and continues to serve as a valuable tool for identifying research gaps and priorities and for avoiding duplication of research efforts among the departments. The Disability Compensation Work Group (DCWG) developed fair, clear, and consistent guidelines for VA and DoD disability determinations for compensation of disabilities related to Gulf War Service. The highly successful effort for interagency cooperation and coordination is serving as a model for the newly chartered Military and Veterans Health Coordinating Board.

B. Military and Veterans Health Coordinating Board (MVHCB)

In August of 1998, the National Science and Technology Council/Presidential Review Directive-5 (PRD-5), entitled “A National Obligation: Planning for the Health Preparedness for and the Readjustment of Military, Veterans, and their Families after Future Deployments” was published. PRD-5 reflects a strong interagency commitment to implement the health-related lessons learned from the Gulf War and other more recent deployments.

PRD-5 also called for the establishment of a new board to coordinate interagency activities supporting strategies identified in the Directive. On November 11, 1998, President Clinton directed the Secretaries of DoD, HHS, and VA to establish the Military and Veterans Health Coordinating Board. The mission of the MVHCB, which is co-chaired by the three Secretaries, is to ensure permanent, continuing interagency coordination to enhance force health protection and medical care of our military, veterans, and their families.

The MVHCB was established in December 1999, with the subsequent formation of three working groups: research, deployment health, and health risk communications. The executive director and staff initially supported both the PGVCB and the MVHCB. In order to achieve greater efficiencies in the operations of the two boards, and to ensure that the lessons learned from the Gulf War were fully addressed for future deployments, the functions of the PGVCB were incorporated into the newer MVHCB. Prior to merging the two boards, VSOs and congressional staffs were consulted to ensure that this merger would continue to benefit all concerned parties. With general consensus, the ongoing functions of the PGVCB Clinical Working Group and Disabilities and Benefits Working Group were folded into the responsibilities of the MVHCB. Likewise, the PGVCB Research Working Group's emphasis on Gulf War illnesses research was incorporated into the broader research venue of the MVHCB Research Working Group, which was established to provide coordination to better protect personnel during future deployments. The Deployment Health Working Group is tasked with monitoring and coordinating interagency activities related to force health protection and medical surveillance, including medical record keeping, which was a problem during the Gulf War. The Health Risk Communications Working Group is the third working group of the MVHCB. Its purpose is to coordinate an interagency process to ensure honest, open, and clear communications on deployment health-related topics with military personnel, veterans, families, health care providers and the public. A collaborative venture between DoD, VA, Center for Disease Control and George Washington University will develop an expert model for health risk communication based upon the anthrax immunization program as the prototype.

In addition, an interagency information management/information technology (IM/IT) task force works closely with the working groups to ensure all necessary information management requirements have been identified to support their focus areas. The IM/IT task force also ensures that those requirements are passed to the appropriate agency for inclusion in the information systems being developed.

### C. Force Health Protection Initiatives

The DoD and VA worked to enhance and expand current health information systems for military members while on active duty and when they subsequently receive care in the VA system. Improved health information data are inherent in the DoD and the Joint Staff Force Health Protection initiatives. On November 8, 1997, the President supported those initiatives and directed "...the Departments of Defense and Veterans Affairs to create a new Force Health Protection Program. Every soldier, sailor, airman and marine will have a comprehensive, life-long medical record of all illnesses and injuries they suffer, the care and inoculations they receive and their exposure to different hazards."

### D. Gulf War Veterans Illnesses/Deployment Health Research

The Research Working Group of the Persian Gulf Veterans' Coordinating Board ("Research Working Group") was formed to coordinate Federal research into the health consequences of service in the Persian Gulf War. This Federal research has concentrated for the most part on addressing questions concerned specifically with identifying casually related exposures that may be responsible for illnesses occurring in Gulf War veterans. This effort has involved scientists in Federal (DoD, VA, HHS), academic, and private institutions in the United States and abroad. Coordination of Gulf War Veterans' Illnesses (GWVI) required the establishment of a policy framework linking each Department's research management hierarchy. This linkage is provided through the Research Working Group. The Federal GWVI research portfolio includes 120 basic, applied, epidemiological, and clinical research efforts. It includes studies of potential health effects following low-level exposure to chemical warfare agents. Cumulative Federal funding for GWVI research is over \$155 million. Over half of the research projects have involved non-government scientists who received federal funding through a rigorous, competitive peer review processes. After an extensive review of the programs managed by the Research Working Group, the Institute of Medicine and the Presidential Advisory Committee on Gulf War Veterans' Illnesses endorsed the directions of the Research Working Group. Estimated federal funding for Fiscal Year 2000 was approximately \$29 million (\$16.2 million from DoD, \$11.9 million from VA, \$1.5 million from HHS). Total outyear Federal funding is not yet determined. However, DoD plans to invest approximately \$20 million of research funds annually during Fiscal Years 2000-2003. In Fiscal Year 2001, new research will focus on improving medical prevention and intervention strategies to protect Service members against health risks associated with future deployments.

In 1999, two national treatment trials began: the exercise/behavioral therapy trial (EBT) and the antibiotic treatment trial (ABT). These trials are treating Gulf War veterans who have at least two of three major symptoms (fatigue, musculoskeletal pain, and memory problems) that have lasted for more than six months. The EBT trial focuses on aerobic exercise and cognitive (thinking/memory) behavioral therapy in an effort to provide effective treatments to veterans. This trial is taking place at 18 VA sites and two DoD sites. To assess the benefits of these treatments, about 1,100 patients have been enrolled since May 1999. They will be followed for an additional year to assess long-term benefits of these treatments.

The ABT trial focuses on a hypothesized infectious cause for the variety of symptoms experienced by some Gulf War veterans, a microorganism called *Mycoplasma fermentans*. The primary aim of the ABT trial is to determine whether a 12-month course of antibiotic treatment (Doxycycline) will improve the functioning of Gulf War veterans who test positive for *Mycoplasma* infection. The ABT enrollment started in April 1999 and enrollment is now complete with more than 450 patients at 26 VA sites and two DoD sites. Patients are treated for 12 months and then followed for an additional six months to assess the long-term benefits.

Recently, some concern has arisen regarding a possible elevated occurrence of amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease), among veterans who served in the Gulf War. There is a new investigation among Gulf War veterans to determine if there is a higher than expected incidence of ALS, a neurological disease which results in degeneration of the nervous system. VA and DoD jointly fund this project. Efforts to identify ALS cases began in March 2000. A comprehensive evaluation of ALS cases will occur over a one-year period. Participants will receive an examination by a physician with expertise in diagnosing and treating ALS.

## E. Joint Ventures

### 1. Joint ventures are operating at six sites:

a. Albuquerque, New Mexico. The New Mexico VA Healthcare System (NMVAHCS) and the 377th Air Force Medical Treatment Facility (MTF), Albuquerque, New Mexico has been operational since 1987. It is unique in that VA is the host facility. The AF outpatient clinic is physically joined by a connecting walkway to the VA's main hospital building. The AF dental building constructed in 1991 is located on VA grounds. Under the 20+ sharing agreements, VA principally provides outpatient specialty care, emergency room services, and ancillary services to TRICARE PRIME beneficiaries. The 377th provides primary care, family and flight medicine, general surgery, optometry, dental, orthopedics and pediatric services to its active duty and TRICARE beneficiaries. AF providers have admitting privileges with the NMVAHCS and access to VA beds. Future sharing opportunities include proposals for surgery and colonoscopy.

b. El Paso, Texas. The El Paso VA Health Care System (VAHCC) operates an outpatient health care center adjacent to William Beaumont Army Medical Center (WBAMC). The VAHCC provides primary care, specialized ambulatory services, and dental services. VA purchases inpatient care (medical-surgical and mental health), specialty consultations, ancillary services, and emergency room services through an extensive sharing agreement with WBAMC. Both VA and Army surgeons use the center's eight operating rooms and sixteen-bed recovery area. An affiliation agreement for an internal medicine residency program is administered jointly with Texas Tech University and WBAMC. VAHCC and WBAMC providers have access to their counterpart's health information systems so that patient medical record information is readily accessible. Linkages in the health information systems facilitate transfer of patient information from WBAMC to the VAHCC.

c. Las Vegas, Nevada. The Mike O'Callaghan Federal Hospital (MOFH) through integration and collocation of staff and functions provides services to both VA and AF beneficiaries. VA has sustained a high average daily census (ADC) and high volume in number of veterans treated within the 52 beds authorized. The use of the AF medical/surgical ward has allowed VA to managed peaks in admissions. A joint medical staff comprised of VA and AF providers, nursing, and support staff, work-side-by-side in shared areas to address the needs of our beneficiaries. The joint venture utilizes a mixture of integration and collocation of VA/AF staff and functions. The operating room, emergency room, ICU, radiology, laboratory, and pharmacy have integrated staffing, while VA and AF staff our general medical/surgical wards respectively. Our collective surgical capabilities include thoracic surgery, urology, plastic surgery, and gynecologic surgery. We are pursuing a joint vascular surgery capability. Diagnostic radiology capabilities include nuclear medicine, ct scans and MRI. Currently the VA/AF are working together to implement a Picture Archiving Capability system. Through the synergy of our joint venture the VA/AF have augmented our clinical services, expanding our scope of care, while reducing costs.

d. Anchorage, Alaska. Alaska VA Healthcare System and Regional Office and the 3rd Medical Group, Elmendorf Air Force Base opened the new VA/DOD, joint venture replacement hospital in May 1999. Since the original planning, the requirement for both Air

Force and VA inpatient beds has declined due to Air Force staffing reductions and a change in inpatient practice patterns. The current concept of operations has VA staffing an 8-bed ICU (10 bed total capacity) and the Air Force staffing a 20-bed multi-service unit (25 bed total capacity). Air Force personnel staff the labor and delivery section and the emergency room. The emergency room is a portal for VA admissions. VA admitted 375 inpatients to the hospital in FY 1999. In FY 2000 VA admitted 582 inpatients. VA also provides staff for the emergency room, the integrated internal medicine/cardiopulmonary department, administration, patient services, utilization management, social work, credentialing, and surgical services.

e. Key West, Florida. The Navy and VA occupy an outpatient care facility of 60,000 gross square feet. The Navy construction project was completed in early 2000. VA paid a portion of the construction costs and occupies 6,000 square feet. The Navy provides family practice services, dental services and ancillary support services such as laboratory, pharmacy and radiology. VA provides internal medicine, physical therapy and psychiatry. VA uses Navy laboratory, pharmacy and radiology while the Navy uses VA physical therapy and psychiatric services. Additional sharing of other services is expected in the near future.

f. Honolulu, Hawaii. A new VA ambulatory care center opened in FY 2000. It provides primary care, outpatient mental health services, pharmacy, laboratory, and radiology ancillary services, and designated specialty/ teaching clinics. VA provides inpatient psychiatry in a ward leased from Tripler Army Medical Center. VA's Center for Aging provides long-term care, rehabilitation, and home based primary care in a 60-bed facility. Tripler Army Medical Center provides inpatient medical and surgical care as well as specialty outpatient care. VA and DoD patients, visitors, and staff share a VA 600-space parking structure completed in 1998, but officially activated for VA use with the opening of the ambulatory care center in 2000. Joint VA and DoD housekeeping and grounds maintenance are provided by contract. Community-based VA outpatient clinics operate on the three major neighbor islands of Hawaii, Kauai, and Maui. Specialty outpatient and inpatient care is provided in those local communities to the extent possible, with referral to Tripler for tertiary care. An enhanced use lease that allows VA to provide shelter and programs for homeless veterans has been signed, utilizing buildings at the Barber's Point Naval Station, which were obtained by VA through the DoD Base Closure Program.

## 2. Construction is underway at:

Fairfield, Travis AFB, California. The Air Force admits veterans requiring inpatient and same day surgery to beds within the David Grant Medical Center (DGMC). Additionally, the Air Force provides outpatient specialty services, including but not limited to, radiation oncology, oral surgery and emergency services. The Air Force also provides ancillary services such as laboratory, and pharmacy. A 35,000 square foot VA clinic opened in December 2000. VA operated an interim primary clinic in rented space within DGMC until the clinic officially opened. Additionally, DGMC operates two TRICARE satellite clinics in the Sacramento area. Both are located within VA facilities where a sharing agreement allows for both bartering of services and reimbursement of ancillary support.

## F. VA/DoD Medical Research.

Historically, this program has supported biomedical research for a wide variety of health problems experienced by active duty and veteran military personnel. The currently funded collaborative research effort includes a multi-site clinical study exploring the epidemiology of ALS (Amyotrophic Lateral Sclerosis) among veterans of the Gulf War. It also includes two national treatment trials of Gulf War veterans with chronic symptoms, one using antibiotics and one using exercise and behavioral therapy. Research projects within the DoD/VA collaborative research program have been selected through a competitive scientific merit review process, to ensure both technical and relevance to the health concerns of veterans and members of military services.

#### G. Health Information Management and Technology.

Military Health System (MHS) and VHA Chief Information Officers (CIOs) met on a continuing basis to explore, assess, develop, and monitor sharing initiatives. Both CIOs are members of and report to the VHA/DoD Executive Council. VHA and MHS are also involved in multi-agency activities. The Quality Interagency Coordinating Task Force Information Work Group continued to be chaired by VHA, with DoD as the Vice Chair. A joint Information Management and Information Technology Task Force supported the Military and Veterans Health Coordinating Board that addressed the "Preparing for and Readjustment of Military, Veterans, and their Families from Future Deployments." Examples of specific VHA/DoD joint efforts are:

1. Standards Development: MHS and VHA health information systems staffs compared the security standards of both agencies and found both were compatible and will not inhibit interagency sharing. MHS and VHA continued to use the MHS data models for functions and activities as a starting point for new VA/DoD data efforts. Technical architectural standards continue to be compatible.

2. Year 2000 (Y2K) Compliance: MHS and VHA continued to share information on Y2K compliance as well as with the Department of Health & Human Services (HHS). MHS experienced no systemic problems within its health information systems as Y2K or the Leap Year day occurred. This item was completed during this reporting period.

3. Interagency Health Information Sharing: MHS recognized the inaccurate perception that the Government Computer-based Patient Record (GCPR) title evoked. MHS proposed this project be renamed to focus on its intent to establish the capability to share information and to recognize that computer-based patient records must already be available at both the sending and receiving points for the sharing of information. Litton PRC continues as the Prime contractor on the development of a framework to support the sharing of information resident within the MHS Composite Health Care System (CHCS) II, the VHA Veterans Health Information Systems and Technology Architecture (VISTA), and the Resource and Patient Management System (RPMS) (IHS). During this reporting period, Litton PRC delivered a prototype of the framework that was accepted by the government.

4. Military and Veterans Health Coordinating Board (MVHCB): The MVHCB was an outgrowth of the work conducted under the Presidential Review Directive/NSTC-5 (PRD-5)/National Science and Technology Council (NSTC) "A National Obligation: Planning for and health preparedness for and Readjustment of the Military, Veterans, and Their Families After

Future Deployments.” An Information Management and Information Technology (IM/IT) Task Force (a continuation of the PRD-5 Record keeping Working Group) continued to meet with the MVHCB Executive Director and staff and to attend MVHCB working group meetings. The IM/IT Task Force provided briefings to the Plenary Session of the MVHCB and addressed the processes for identification of MVHCB information requirements and the planning and integration of these requirements into the affected agency health information systems programs.

5. Technology Integration Laboratories: DoD, VHA, and IHS continued actions to establish connectivity between agency technology integration laboratories. At the end of this reporting period, final connectivity was pending the establishment of a telecommunications line between the MHS and VHA. Connectivity is expected to be finalized in the next reporting cycle.

6. VHA/DoD Laboratory Data Interoperability: This project continued to work an interface for electronic transfer of reference laboratory data between various DoD (CHCS), VHA (VISTA), and commercial laboratories replacing current manual methods. Planning for preliminary system testing, expansion of the laboratory capability, and ALPHA testing began in this reporting cycle.

7. TRAC2ES: VA initiated an interagency requirement study of a DoD system under development called TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES). Under Public Law 97-174, VA serves as the primary contingency backup to DoD for medical services. The VA TRAC2ES workgroup spent FY2000 identifying functional requirements for the full operating capability of TRAC2ES, as well as the concept of operations to interface with DoD. The interagency workgroup also focused on possibly, leveraging TRAC2ES software for domestic emergencies. Working with DoD's prime contractor, final functional requirements, architecture, and cost documents will be delivered in FY2001 and will be presented during the reporting cycle.

### III. RECOMMENDATIONS TO PROMOTE SHARING BETWEEN THE DEPARTMENTS

The VA Under Secretary for Health and the Acting Assistant Secretary of Defense (Health Affairs) explored sharing issues in their support for VA/DoD health care resources sharing. The initiatives examined and discussed throughout this report fell within the purview of the VA Under Secretary for Health and the Acting Assistant Secretary of Defense (Health Affairs), and did not require submission to the Secretaries of the respective Departments.

### IV. REVIEW OF AGREEMENTS AND ACTIVITIES

#### A. Facilities with Sharing Agreements.

One hundred sixty five VA medical facilities were involved in sharing agreements with most DoD MTFs and 269 reserve units around the country. There were 717 sharing agreements covering 7,963 health services with the military. One hundred thirty seven VA medical facilities had contracts to provide 2,892 health services for TRICARE beneficiaries. Appendix B is a list of health services provided in agreements with the military and under TRICARE.

#### B. Examples of sharing activities are:



1. Richmond, Virginia--The Army established an infirmary service at the Richmond VAMC. The medical center provides living quarters (infirmary) for those active duty soldiers who the Army determines to be too ill to return to their personal living area on base for recuperation. VA identified underutilized space within the medical center, where room and board as well as "sick call" reevaluation for the soldiers assigned to the Infirmary is made each morning. VA under TRICARE, provides health care services required by a soldier beyond the scope of the Infirmary Service. Previously a soldier was afford this recuperation in Fort Lee's MTF (Kenner Army Community Hospital) but DoD's BRAC (Base Realignment and Closure) Commission decision to downgrade its MTF from a hospital to a clinic eliminated the Army's ability to provide this service.

2. Regional Agreements--The 81st Army Reserve Regional Support Command has negotiated regional agreements with nine VISNs (VISNs 2,3,4,7,8,9,14,15 and 16) having medical centers located in 20 states and Puerto Rico for VA to provide physical examinations, dental screenings, and immunizations to reservists. VA provides professional resources, clinical facilities, and supplies necessary for these services. There are plans to include to at least four other VISNs in these agreements.

3. Military Medical Support Office (MMSO), -- MMSO, Great Lakes, Illinois, beginning October 1, 1999, assumed responsibility for managing the Remote Dental Program (more than 50 miles from a MTF) for Air Force, Army, Army and Air National Guard, Navy and Marine Corps active duty personnel and authorized Reserve and National Guard personnel. The office manages four new VISN dental agreements covering a full range of dental care. Previously MMSO was the Naval Office of Medical/Dental Affairs (MEDDEN AFFAIRS). There are MEDDEN AFFAIRS agreements for general medical and dental care for Navy and Marine Corps personnel with 14 VISN (covering 108 VA Medical Centers) and 12 individual VA Medical Centers. Also beginning October 1, 1999, MMSO tracks all active duty members in non-MTFs and authorizes non-emergency medical care and specialized medical/dental care. To improve coordination, MMSO converted individual agreements to VISN-wide agreements wherever possible. The program has grown steadily since its inception in 1989.

4. Community-Based Clinics (CBOC) Program -- VA Medical Centers occupy clinic space provided by military facilities as a part of VA's CBOC program. For example, Louisville, Kentucky, VA Medical Center, manages three of Fort Knox's four primary care clinics. VA provides a broad range of services to support these clinics including: primary care, urology, orthopedics, women's clinic, podiatry, audiology, psychiatric, MRI and other radiology, medical library and orthotic laboratory services. VA's clinic at Fort Knox recorded over 10,00 unique visits for the year. The Army provides space for the clinic, provides equipment, and prescription services. The VAMC is approximately 47 miles from Fort Knox.

5. Allergen Extracts -- The Walter Reed/U.S. Army Allergen Extract Laboratory, Washington, D.C., provides (USACAEL) delivery of diagnostic and therapeutic allergen extracts to 29 VA medical centers and outpatient allergy clinics. This agreement facilitates the treatment of 1800 veterans per year with allergy injection therapy for allergic diseases such as insect venom anaphylaxis, asthma, and allergic rhinitis. In addition, it is estimated that, over 18,000 veterans are evaluated for allergic diseases annually using these high quality diagnostic allergen extracts. VA covers the costs of personnel, supplies, and equipment. VA benefits from the high quality

services of USACAEL, which is one of the largest suppliers of therapeutic and diagnostic allergen extracts in the world and from the economies of scale offered by participation in the program.

#### C. VA Participation in TRICARE.

Funds generated from TRICARE patients provide benefits to VA beneficiaries, such as adding additional services and providing extended access hours for care. Eighty-five VA medical centers reported reimbursable earnings. VA has signed agreements with the five mental health subcontractors.

#### D. Education and Training Agreements.

There are 155 VA-DoD agreements involving education and training support. These agreements typically involve training opportunities in exchange for staffing assistance. Most agreements are between VAMCs and reserve units. Under a typical agreement, a VAMC provides space for weekend training drills, and, in return, the medical center receives staffing support. The Northampton, Massachusetts, VA Medical Center, for example, trains reservists of the 7208th Medical Support Unit, US Army Reserve, Chicopee, Massachusetts, in nursing, laboratory, and radiology in return for staff support. Northampton VAMC has similar training agreements with eight other reserve units in the area. An added benefit is the close community relationships that develop as a result of these agreements. A large number of VAMCs have agreements involving five or more reserve units.

### V. PROMOTING COORDINATION AND SHARING OF FEDERAL HEALTH CARE RESOURCES.

VA and DoD staffed a VA/DoD health care resources sharing booth at the annual Association of Military Surgeons of the United States (AMSUS) meeting, held in Anaheim, California. VA staffed a booth at VA's Information Technology Conference, held in Austin, Texas. In addition, two pamphlets "Maximizing Your Hospital's Potential" and "Reserve Units and VA Medical Centers," and a map identifying "Major VA-DoD Medical Facilities", were distributed at both sites.

### VI. RECOMMENDATIONS FOR LEGISLATION

There are no recommendations for legislation.

## Appendix A

### MEMORANDUM OF UNDERSTANDING BETWEEN THE VETERANS ADMINISTRATION AND THE DEPARTMENT OF DEFENSE

#### VA/DoD HEALTH CARE RESOURCES SHARING GUIDELINES

#### ARTICLE I

##### INTRODUCTION

1-101 Purpose. This agreement establishes guidelines to promote greater sharing of health care resources between the Veterans Administration (VA) and the Department of Defense (DoD). Maximization of sharing opportunities is strongly encouraged. Greater sharing of health care resources will result in enhanced health benefits for veterans and members of the armed services and will result in reduced costs to the government by minimizing duplication and underuse of health care resources. Such sharing shall not adversely affect the range of services, the quality of care, or the established priorities for care provided by either agency. In addition, these guidelines are not intended to interfere with existing sharing arrangements.

1-102 Authority. These guidelines are established by the Administrator of Veterans Affairs and the Secretary of Defense pursuant to "The Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," Public Law 97-174, §3, 96 Stat. 70, 70 - 73 (1982) (codified at 38 U.S.C. §5011).

#### ARTICLE II

##### DEFINITIONS

2-101 "Actual Cost" means the cost incurred in order to provide the health care resources specified in a sharing agreement.

2-102 "Reimbursement Rate" means the negotiated price cited in the sharing agreement for a specific health care resource. This rate will take into account local conditions and needs and the actual costs to the providing facility or organization for the specific health care resource provided. For example, actual cost includes the cost of communications, utilities, services, supplies, salaries,

depreciation, and related expenses connected with providing health care resources. Excluded from the reimbursement rate are building depreciation, interest on net capital investment and overhead expenses incurred at management levels above the medical facility or other organization providing the health care resources (e.g., Pentagon and Central Office overhead). Equipment depreciation is a component of actual cost to be considered in establishing a reimbursement rate, but facilities are strongly encouraged to exclude it. This rate will be used for billing purposes by the providing medical facility or organization.

2-103 "Beneficiary" means a person who is a primary beneficiary of the VA or DoD.

2-104 "Primary Beneficiary" (1) with respect to the VA, means a person eligible under title 38, United States Code (other than under sections 611(b), 613, or 5011 (d)) or any other provision of law for care or services in VA medical facilities; and (2) with respect to DoD, means a member or former member of the Armed Forces who is eligible for care under section 1074 of title 10.

2-105 "Direct Health Care" means health care provided to a beneficiary in a medical facility operated by the VA or DoD.

2-106 "Head of a Medical Facility" (1) with respect to a VA medical facility, means the director of the facility, and (2) with respect to a medical facility of DoD, means the commanding officer, hospital or clinic commander, officer in charge, or the contract surgeon in charge.

2-107 "Health Care Resource" includes hospital care, medical services, and rehabilitative services, as those terms are defined in title 38 U.S.C. §601 (5), (6), (8); any other health care service, including such health care education, training, and research as the providing agency has authority to conduct; and any health care support or administrative resource or service.

2-108 "Medical Facility" (1) with respect to the VA, means facilities over which the Chief Medical Director has direct jurisdiction; and (2) with respect to DoD, means medical and dental treatment facilities over which DOD, or its organizational elements, or the component Services, have direct jurisdiction.

2-109 "Providing Agency" means (1) the VA, in the case of care or services furnished by a facility, or organizational elements, of the VA; or (2) DoD, in the case of care or services furnished by a facility, or organizational elements of DoD, or its component Military Services.

2-110 "Sharing Agreement" means a cooperative agreement authorized by Public Law 97-174, §3, 96 Stat. 70, 70-73 (1982) (codified at 38 U.S.C. §5011 (4)) for the use or exchange of use of one or more health care resources.

## ARTICLE III

### SHARING AGREEMENTS

3-101 Approval Process. Before a sharing agreement may be executed and implemented, the heads of the medical facilities involved shall submit the proposed agreement to: (1) the Chief Medical Director, through the appropriate Department of Medicine and Surgery channel, in the case of the VA; (2) the Assistant Secretary of Defense (Health Affairs), or his or her designees, through the appropriate chain of command, in the case of DoD. The agreement shall be effective in accordance with its terms (A) on the 46th calendar day after receipt of the proposed agreement by the designated Department of Medicine and Surgery office on behalf of the Chief Medical Director for the VA, and the next higher organizational element within the chain of command for DoD, unless earlier disapproved by either agency; or (B) if earlier approved by both agencies on the day of such approval. An office that disapproves a sharing agreement shall send a copy of the agreement and a written statement of its reasons for disapproval to the VA/DoD Health Care Resources Sharing Committee.

3-102 Acquiring or Increasing Resources. A head of a medical facility may request permission to acquire or increase health care resources that exceed the needs of the facility's primary beneficiaries but that would effectively serve the combined needs of both agencies. Justification for acquiring or increasing resources may be based on the projected workload from a sharing agreement. Such requests will be considered in the usual planning and budgeting processes. Consideration of such requests will necessarily take into account many factors governing resource allocation. Agreements will not be submitted until permission to increase existing resources or to acquire new resources has been obtained.

3-103 Eligibility. Agreements may permit the delivery of health care resources to primary beneficiaries of one agency at facilities of the other agency. Direct health care to primary beneficiaries of the agency requesting services should be on a referral basis. Delivery of health care resources will not (as determined by the head of the facility of the providing agency) adversely affect the range of services, the quality of care, or the established priorities for care provided to beneficiaries

of the providing agency.

3-104 Reimbursement and Rate Setting. Reimbursement for the cost of health care resources provided shall be credited to funds that have been allotted to the facility or organization that provided the care or services. The medical facility or organization providing the resources shall bill the recipient facility or organization directly. Billing frequency shall be established in the agreement. Reimbursement shall be forwarded to the providing medical facility in a timely manner. Heads of medical facilities and other organizations may negotiate a reimbursement rate that is less than actual cost to the providing facility or organization to account for local conditions and needs. (See definitions of "actual costs" and "reimbursement rate" in section 2-101 and 2-102.) The reimbursement rate may not be more than the actual cost to the providing facility or organization of the resources provided.

3-105 Scope of Agreements. The head of a medical facility or organization of either agency may agree to enter into a proposed sharing agreement with the head of a medical facility or organization of the other agency in accordance with these guidelines. Sharing agreements involving more than one medical facility of each agency may be developed. The Chief Medical Director and the Assistant Secretary of Defense for Health Affairs may agree to enter into regional or national sharing agreements. Sharing agreements shall identify the health-care resources to be shared. Exchange of resources without billing is permitted if costs are specified in the agreement.

3-106 Education, Training, and Research Sharing Agreements.

1. Education and Training - Situation-specific sharing is encouraged at the local, regional, and national levels. Continuing education, formal technical training, and professional education, are areas to be emphasized.

To facilitate educational sharing the Office of Academic Affairs, Department of Medicine and Surgery, VA; and the Office of the Assistant Secretary of Defense for Health Affairs will:

a. Initiate an educational "clearing house" process to exchange information on potential sharing opportunities. This process will encourage the development of timely and effective sharing of educational and training resources.

b. Encourage an ongoing dialogue between those responsible for education and training at all levels - local, regional, and national.

2. Biomedical Research - To encourage more collaboration, an information exchange will be established. The Assistant Secretary of Defense for Health Affairs and the Chief Medical Director will designate representatives to establish such an exchange.

In joint projects or protocols involving human subjects, each agency's procedures for approval of "human studies" protocols will be followed. However, at a minimum, the Department of Health and Human Services Guidelines will be complied with. Sharing agreements involving "human studies" protocols will not be considered without approval of the protocol by both agencies.

3-107 Modification, Termination, Renewal. Each agreement shall include a statement on how the agreement may be modified and terminated. Proposed changes in the quality and quantity of resources delivered, in actual costs, and in the performance in delivering the resources are grounds for modification or termination. Sharing agreements shall provide for modification or termination in the event of war or national emergency. Agreements may exceed one year, provided necessary cost adjustment amendments are included and a statement is included in the agreement to the effect that if the contract period extends beyond the current fiscal year, the sharing agreement is subject to the availability of appropriations for the period after the first September 30 during which the agreement is in effect. Each party to the sharing agreement shall annually review the agreement to make certain that the resources being provided are in accordance with the agreement. Sharing agreements may be renewed in accordance with procedures to be established by each agency.

3-108 Reporting Requirements. The VA/DoD Health Resources Sharing Committee will retain copies of agreements for an annual report to Congress, which is required by the law. A copy of each agreement entered into or renewed will be sent by the medical facilities or organizations entering into the agreements to the VA/DoD Health Care Resources Sharing Committee. It is the VA/DoD Sharing Committee's responsibility to prepare the annual report to Congress which the Secretary of Defense and the Administrator will submit.

ARTICLE IV

AGENCY PROCEDURES

4-101 Agency Guidance. Each agency will issue implementing and operating guidance to their organizational elements and medical facilities.

4-102 Review. Both agencies agree to refer existing policies, procedures, and practices relating to sharing of health-care resources between the agencies to the VA/DoD Health Care Resources Sharing Committee for its review, which is as required by 38 U.S.C. §5011 (b)(3)A.

4-103 Quality Assurance. Agency medical facilities shall maintain utilization review and quality assurance programs to ensure the necessity, appropriateness, and quality of health care services provided under this agreement. The content and operation of these programs shall, at a minimum, meet the requirements and guidelines set forth in the most recent editions of the Joint Commission on Accreditation of Hospitals accreditation manuals.

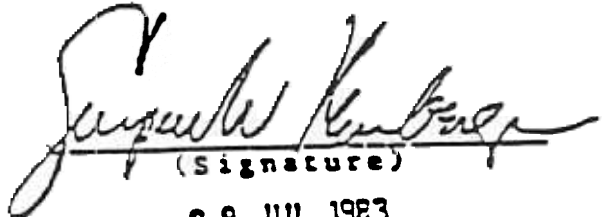
ARTICLE V

EFFECTIVE DATE, MODIFICATION, AND TERMINATION OF  
GUIDELINES

5-101 Duration. This memorandum becomes effective on the date of the last signature. Either party may propose amending these guidelines, but both must agree for amendments to take effect. Either party may terminate these guidelines upon 30 days written notice to the other party.

  
(Signature)

JUL 1 - 1983

  
(Signature)

29 JUL 1983



## Appendix B

### VA/DOD Sharing Agreements/Tricare Contracts Total Services by Provider of Care

Active as of 09/30/2000

### VA DOD Sharing Agreements

#### Provided by Department of Veterans Affairs

	Total	7,033
Administration	52	
Administration(VA)	2	
Adult Day Health Care	7	
Agent Orange Exam		
Allergy	14	
Allergy Clinic	17	
Ambulatory Care Administration	14	
Ambulatory Special Procedures	90	
Anatomical Pathology	22	
Anesthesiology	8	
Area Dental Prosthetic Laboratory (Type 1)	1	
Area Reference Laboratories	2	
Associated Health Personnel	91	
Associated Health Staffing	39	
Audiology Clinic	117	
Biomedical Equipment	7	
Biomedical Equipment Repair - Contract	4	
Blind Rehabilitation	8	
Blood Bank	13	
Bone Marrow Transplant	8	
Building Management	7	
Burn Unit	5	
Cardiac Catheterization	38	
Cardiology Clinic	77	
Cardiovascular Thoracic Surgery	23	
Cardiovascular Thoracic Surgery Clinic	9	
Cast Clinic	2	
Central Materiel Service	2	
Central Sterile Supply	6	
Clinical Immunology	35	
Clinical Management	1	
Clinical Pathology	276	
Combined Food Operations	5	
Command	2	
Communications	3	
Continuing Health Education	7	
Coronary Care	19	
Coronary Care Unit	10	
CT Scans	146	
Dental Depreciation	4	
Dental Laboratory	29	
Dental Services	275	
Dermatology	46	

## VA DOD Sharing Agreements

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### Provided by Department of Veterans Affairs

Dermatology Clinic	67
Diabetic Clinic	2
Diagnostic Nuclear Medicine	117
Diagnostic Radiology	247
Dialysis	11
Domiciliary Bed Section	9
Domiciliary Substance Abuse	7
Drug Screening and Testing Prog	1
Education and Training Program Support	151
EEG	39
EKG	79
Emergency Medical Clinic	104
EMG	37
Endocrinology	18
Endocrinology (Metabolism) Clin	15
Engineering Support	9
Environmental Health Program	4
Family Planning Clinic	1
Family Practice Clinic	1
Family Practice Obstetrics	1
Family Practice Orthopaedics	3
Family Practice Psychiatry	22
Fire Protection	3
Flight Medicine Clinic	1
Gastroenterology	26
Gastroenterology Clinic	38
General Medicine	162
General Psychiatric Clinic	74
General Psychology Clinic	53
Gynecology	55
Gynecology Clinic	92
Hand Surgery	6
Hand Surgery Clinic	7
Health Info Systems	5
Hematology	27
Hematology Clinic	22
Hemodialysis	4
HIV III (AIDS)	2
HIV Testing	43
Housekeeping	5
Hyperbaric Medicine	1
Immediate Care Clinic	2
Immunizations	5
Industrial Hygiene Program	1
Infectious Disease	12
Infectious Disease Clinic	19
Inpatient Affairs	2
Inpatient Clinical Dietetics	4
Inpt Dialysis	3

## VA DOD Sharing Agreements

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### Provided by Department of Veterans Affairs

Intermediate Care	22
Laundry	25
Lease of Real Property	10
Lease of Real Property - Funded	1
Library Services	7
Maintenance of Real Property	11
Mammography	79
Material Services	9
Medical Care (Other)	46
Medical Clinics (Other)	57
Medical Examination Clinic	152
Medical ICU Beds	65
Medical Intensive Care Unit	64
Medicine Clinic	53
Mental Health Clinic	59
Military Patient Personnel Administration	3
Minor Construction	2
MRI	100
National Disaster Medical System (NDMS)	1
Nephrology Clinic	19
Neurology	76
Neurology Clinic	77
Neuromusculoskeletal Screening Clinic	1
Neurosurgery	11
Neurosurgery Clinic	7
Non-health related Training	6
Nurse Staffing	45
Nursing Home Care	37
Nursing Training	148
Nutrition Clinic	55
Obstetrics	4
Obstetrics Clinic	3
Occupational Health Clinic	2
Occupational Therapy Clinic	79
Oncology	20
Oncology Clinic	21
Operating Room Suite	16
Operation of Utilities	2
Operation of Utilities - Funded	1
Ophthalmology	31
Ophthalmology Clinic	57
Optometry Clinic	125
Oral Surgery	44
Orthopaedics	28
Orthopaedics Clinic	34
Otolaryngology	15
Otolaryngology Clinic	17
Patient Food Operations	4
Patient Transportation	7

## VA DOD Sharing Agreements

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### Provided by Department of Veterans Affairs

Peripheral Vascular Surgery	
Peritoneal Dialysis	1
Pet Scans	19
Pharmacy	168
Physical Medicine	57
Physical Therapy Clinic	127
Physician Staffing	32
Physician Training	71
Physiological Training	
Plant Management	
Plastic Surgery	14
Plastic Surgery Clinic	8
Podiatry Clinic	72
Police Protection	4
Preventive Medicine	7
Primary Care Clinics	81
Proctology	8
Proctology Clinic	1
Prosthetics/Orthotics	108
Psychiatric Ward	84
PTSD Clinical Team	18
PTSD Resid Rehab	3
Pulmonary Disease Clinic	32
Pulmonary Function	41
Pulmonary/Upper Resp Disease	16
Radiation Health	53
Readiness Physical Training	1
Recovery Room	3
Rehab & Spt Services	8
Rehab Counseling	3
Rehabilitation	86
Research Support	14
Respiratory Therapy	10
Rheumatology	15
Rheumatology Clinic	23
Signage	1
Social Work Clinic	12
Specialized Psychiatric Clinic	8
Specialized Psychology Clinic	8
Speech Pathology Clinic	85
Spinal Cord Injury	43
Substance Abuse	78
Substance Abuse Clinic	72
Substance Abuse Disorder Clinic	10
Surgery Clinic	130
Surgical Care (Other)	44
Surgical Clinics (Other)	19
Surgical ICU Beds	69
Surgical Intensive Care Unit	64

## VA DOD Sharing Agreements

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### Provided by Department of Veterans Affairs

Surgical Ward	84
Telemetry Beds	
Therapeutic Nuclear Medicine	10
Therapeutic Radiology	17
Transportation	6
Ultrasound	36
Urology	46
Urology Clinic	68
Well Baby Clinic	1

## VA DOD Sharing Agreements

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### Provided by DOD

<b>AIR FORCE</b>	<b>Total</b>	<b>161</b>
Administration		2
Ambulatory Care Administration		3
Ambulatory Special Procedures		1
Anatomical Pathology		
Anesthesiology		2
Associated Health Staffing		3
Biomedical Equipment Repair - Contract		1
Blood Bank		
Building Management		1
Cardiac Catheterization		2
Cardiology Clinic		
Clinical Management		1
Clinical Pathology		9
Communications		3
CT Scans		7
Dental Laboratory		1
Dental Services		1
Diagnostic Nuclear Medicine		2
Diagnostic Radiology		8
Education and Training Program Support		4
EEG		2
EKG		2
Emergency Medical Clinic		2
EMG		1
Engineering Support		2
Family Practice Newborn Nursery		1
Family Practice Obstetrics		1
Family Practice Pediatrics		1
General Medicine		1
General Psychiatric Clinic		2
Gynecology		1
Gynecology Clinic		3
Health Info Systems		1
Hematology		1
HIV Testing		1
Housekeeping		1
Hyperbaric Medicine		3
Inpatient Clinical Dietetics		1
Laundry		1
Lease of Real Property		1
Lease of Real Property - Funded		1
Library Services		1
Maintenance of Real Property		4
Mammography		2
Materiel Services		1
Medical Care (Other)		2
Medical Intensive Care Unit		1

## VA DOD Sharing Agreements

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### Provided by DOD

Medicine Clinic	1
Mental Health Clinic	2
Military Patient Personnel Administration	1
Minor Construction	1
MRI	6
Neonatal Intensive Care Unit	1
Nephrology Clinic	1
Non-health related Training	1
Nurse Staffing	3
Nursing Training	3
Obstetrics	1
Obstetrics Clinic	1
Ophthalmology Clinic	1
Optometry Clinic	2
Oral Surgery	1
Orthopaedics	1
Orthopaedics Clinic	2
Patient Transportation	1
Pharmacy	6
Physical Therapy Clinic	3
Physician Staffing	6
Physician Training	2
Physiological Training	1
Primary Care Clinics	3
Psychiatric Ward	1
Pulmonary Function	2
Recovery Room	1
Respiratory Therapy	1
Social Work Clinic	1
Surgery Clinic	2
Surgical Ward	2
Therapeutic Radiology	2
Transportation	1
Ultrasound	2
<b>AIR FORCE RESERVE</b>	<b>Total</b>
	<b>41</b>
Associated Health Personnel	8
Associated Health Staffing	1
Clinical Pathology	
Education and Training Program Support	11
Fire Protection	
Infectious Disease Clinic	1
Inpatient Clinical Dietetics	
Nurse Staffing	2
Nursing Training	11
Pharmacy	1
Physician Training	3
<b>AIR NATIONAL GUARD</b>	<b>Total</b>
	<b>64</b>
Administration	3

## VA DOD Sharing Agreements

### Provided by DOD

Associated Health Personnel	8
Associated Health Staffing	4
CT Scans	1
Diagnostic Radiology	1
Education and Training Program Support	13
Nurse Staffing	5
Nursing Training	17
Physician Staffing	2
Physician Training	7
Physiological Training	1
Therapeutic Radiology	1
Transportation	1
<b>ARMY</b>	<b>Total</b>
	<b>190</b>
Administration	5
Allergy Clinic	1
Ambulatory Care Administration	1
Associated Health Personnel	6
Associated Health Staffing	1
Audiology Clinic	1
Biomedical Equipment	1
Biomedical Equipment Repair - Contract	1
Blood Bank	3
Building Management	1
Burn Unit	1
Cardiac Catheterization	1
Cardiology Clinic	1
Cardiovascular Thoracic Surgery Clinic	1
Cast Clinic	1
Central Sterile Supply	1
Clinical Immunology	1
Clinical Pathology	6
Command	1
CT Scans	2
Dental Services	1
Dermatology Clinic	2
Diagnostic Nuclear Medicine	2
Diagnostic Radiology	4
Education and Training Program Support	12
Emergency Medical Clinic	4
Endocrinology	1
Engineering Support	1
Environmental Health Program	3
Family Practice Clinic	1
Family Practice Obstetrics	1
Fire Protection	3
Gastroenterology Clinic	1
General Medicine	2
Gynecology	3



## VA DOD Sharing Agreements

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### Provided by DOD

Gynecology Clinic	3
Hematology	1
Hematology Clinic	1
HIV Testing	2
Housekeeping	1
Industrial Hygiene Program	
Infectious Disease Clinic	1
Laundry	2
Lease of Real Property	2
Library Services	2
Maintenance of Real Property	2
Mammography	3
Medical Care (Other)	2
Medical Clinics (Other)	1
Medical Examination Clinic	2
Medical ICU Beds	1
Medical Intensive Care Unit	1
Medicine Clinic	1
Mental Health Clinic	1
MRI	2
Nephrology Clinic	1
Neurology	1
Neurology Clinic	1
Neurosurgery Clinic	1
Nurse Staffing	4
Nursing Training	8
Nutrition Clinic	2
Occupational Therapy Clinic	1
Oncology Clinic	1
Ophthalmology	1
Ophthalmology Clinic	3
Optometry Clinic	1
Orthopaedics Clinic	1
Otolaryngology Clinic	2
Patient Transportation	1
Peripheral Vascular Surgery	1
Pharmacy	5
Physical Medicine	1
Physical Therapy Clinic	1
Physician Staffing	5
Physician Training	7
Plant Management	1
Plastic Surgery Clinic	1
Podiatry Clinic	1
Police Protection	1
Preventive Medicine	1
Primary Care Clinics	3
Pulmonary Disease Clinic	1
Research Support	2

## VA DOD Sharing Agreements

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### Provided by DOD

Rheumatology Clinic	1
Specified Health Related Programs (Other)	1
Speech Pathology Clinic	2
Surgery Clinic	2
Surgical Care (Other)	1
Surgical Clinics (Other)	2
Surgical ICU Beds	1
Surgical Intensive Care Unit	1
Surgical Ward	3
Telemetry Beds	1
Therapeutic Radiology	2
Transportation	1
Urology	1
Urology Clinic	1
<b>ARMY NATIONAL GUARD</b>	<b>Total</b>
Administration	2
Associated Health Personnel	6
Associated Health Staffing	2
Cardiac Catheterization	1
Education and Training Program Support	6
Maintenance of Real Property	1
Non-health related Training	1
Nurse Staffing	1
Nursing Training	5
Patient Transportation	1
Physician Staffing	2
Physician Training	3
<b>ARMY RESERVE</b>	<b>Total</b>
Administration	8
Associated Health Personnel	26
Associated Health Staffing	12
Audiology Clinic	1
Building Management	1
Cardiology Clinic	1
Clinical Pathology	3
Dental Services	2
Diagnostic Radiology	2
Education and Training Program Support	38
EKG	1
Emergency Medical Clinic	2
General Medicine	1
Maintenance of Real Property	1
Medical Care (Other)	2
Medical Examination Clinic	2
Non-health related Training	2
Nurse Staffing	8
Nursing Training	35
Occupational Therapy Clinic	2

## VA DOD Sharing Agreements

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### Provided by DOD

Pharmacy		1
Physical Therapy Clinic		1
Physician Staffing		2
Physician Training		20
Physiological Training		4
Primary Care Clinics		1
Psychiatric Ward		2
Surgical Care (Other)		2
<b>COAST GUARD</b>	<b>Total</b>	<b>3</b>
Administration		1
Building Management		1
Patient Transportation		1
<b>DEPARTMENT OF DEFENSE</b>	<b>Total</b>	<b>4</b>
Administration		4
<b>NAVAL RESERVE</b>	<b>Total</b>	<b>93</b>
Administration		4
Anesthesiology		1
Associated Health Personnel		18
Associated Health Staffing		3
Audiology Clinic		1
Biomedical Equipment Repair - Contract		1
Dental Services		1
Education and Training Program Support		20
Material Services		1
Medical Examination Clinic		3
Minor Construction		1
Non-health related Training		1
Nurse Staffing		5
Nursing Training		20
Pharmacy		1
Physician Staffing		3
Physician Training		9
<b>NAVY</b>	<b>Total</b>	<b>94</b>
Administration		3
Anatomical Pathology		1
Associated Health Personnel		4
Associated Health Staffing		5
Building Management		1
Cast Clinic		1
Clinical Pathology		4
Combined Food Operations		1
CT Scans		1
Dental Services		1
Diagnostic Radiology		4
Education and Training Program Support		8
EKG		2
Emergency Medical Clinic		2
Engineering Support		1

## VA DOD Sharing Agreements

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### Provided by DOD

Fire Protection	1
General Psychiatric Clinic	1
Housekeeping	1
Maintenance of Real Property	2
Mammography	2
Materiel Services	1
Medical Care (Other)	1
Medical Clinics (Other)	1
Medical Examination Clinic	1
Medical Intensive Care Unit	1
Medicine Clinic	1
Mental Health Clinic	1
Military Patient Personnel Administration	1
MRI	3
Nurse Staffing	3
Nursing Training	9
Operation of Utilities	1
Patient Transportation	2
Pharmacy	2
Physician Staffing	2
Physician Training	6
Plant Management	1
Psychiatric Ward	1
Pulmonary Disease Clinic	1
Research Support	4
Surgical Care (Other)	1
Surgical Clinics (Other)	1
Surgical Intensive Care Unit	1
Urology	1
Urology Clinic	1
Grand Total	864

## Tricare Contracts

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### Provided by Department of Veterans Affairs

Total	2,892
Administration	50
Allergy	9
Allergy Clinic	6
Ambulatory Care Administration	47
Ambulatory Special Procedures	72
Anatomical Pathology	2
Anesthesiology	14
Audiology Clinic	52
Blood Bank	5
Bone Marrow Transplant	13
Burn Unit	11
Cardiac Catheterization	4
Cardiology Clinic	12
Cardiovascular Thoracic Surgery	6
Cardiovascular Thoracic Surgery Clinic	3
Clinical Immunology	5
Clinical Pathology	108
Combined Food Operations	1
Continuing Health Education	3
Coronary Care	10
Coronary Care Unit	4
CT Scans	21
Dental Depreciation	1
Dental Laboratory	2
Dental Services	14
Dermatology	6
Dermatology Clinic	7
Diabetic Clinic	2
Diagnostic Nuclear Medicine	17
Diagnostic Radiology	109
Dialysis	1
Domiciliary Substance Abuse	6
Drug Screening and Testing Prog	2
Education and Training Program Support	1
EEG	15
EKG	18
Emergency Medical Clinic	24
EMG	6
Endocrinology	6
Endocrinology (Metabolism) Clin	4
Engineering Support	1
Family Planning Clinic	3
Family Practice Newborn Nursery	2
Family Practice Pediatrics	3
Family Practice Psychiatry	45
Gastroenterology	8
Gastroenterology Clinic	6

## Tricare Contracts

### Provided by Department of Veterans Affairs

General Medicine	84
General Psychiatric Clinic	92
General Psychology Clinic	93
Gynecology	54
Gynecology Clinic	54
Hand Surgery	4
Hand Surgery Clinic	4
Hematology	6
Hematology Clinic	6
Hemodialysis	3
HIV III (AIDS)	19
HIV Testing	15
Immediate Care Clinic	3
Infectious Disease	4
Infectious Disease Clinic	5
Inpatient Clinical Dietetics	11
Intermediate Care	1
Mammography	15
Medical Care (Other)	7
Medical Clinics (Other)	14
Medical Examination Clinic	58
Medical ICU Beds	66
Medical Intensive Care Unit	53
Medicine Clinic	69
Mental Health Clinic	115
MRI	11
Neonatal Intensive Care Unit	15
Nephrology Clinic	5
Neurology	9
Neurology Clinic	8
Neurosurgery	5
Neurosurgery Clinic	4
Nurse Staffing	17
Nursing Home Care	4
Nutrition Clinic	5
Obstetrics	3
Occupational Therapy Clinic	16
Oncology	11
Oncology Clinic	7
Operating Room Suite	2
Ophthalmology	8
Ophthalmology Clinic	6
Optometry Clinic	9
Oral Surgery	8
Orthopaedics	6
Orthopaedics Clinic	6
Otolaryngology	8
Otolaryngology Clinic	8
Patient Food Operations	7

## Tricare Contracts

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### Provided by Department of Veterans Affairs

Patient Transportation	9
Pediatric Intensive Care Unit	3
Pediatric Surgery	2
Pet Scans	5
Pharmacy	36
Physical Medicine	59
Physical Therapy Clinic	63
Plastic Surgery	7
Plastic Surgery Clinic	4
Podiatry Clinic	5
Preventive Medicine	9
Primary Care Clinics	69
Proctology	1
Prosthetics/Orthotics	16
Psychiatric Ward	72
Pulmonary Disease Clinic	6
Pulmonary Function	8
Pulmonary/Upper Resp Disease	4
Radiation Health	3
Recovery Room	1
Rehab & Spt Services	16
Rehab Counseling	6
Rehabilitation	70
Respiratory Therapy	11
Rheumatology	7
Rheumatology Clinic	6
Social Work Clinic	18
Specialized Psychiatric Clinic	11
Specialized Psychology Clinic	18
Speech Pathology Clinic	19
Spinal Cord Injury	21
Substance Abuse	88
Substance Abuse Clinic	68
Substance Abuse Disorder Clinic	60
Surgery Clinic	93
Surgical Care (Other)	47
Surgical Clinics (Other)	4
Surgical ICU Beds	65
Surgical Intensive Care Unit	15
Surgical Ward	22
Therapeutic Nuclear Medicine	6
Therapeutic Radiology	7
Ultrasound	5
Urology	10
Urology Clinic	7

## Tricare Contracts

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### Provided by DOD

ARMY NATIONAL GUARD	Total	1
Transportation		1
TRICARE Region 3 Southeas	Total	1
Administration		1
TRICARE Region 4 GulfSout	Total	2
Administration		2
		4